Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07/08/08</u>	Address:	910 E. Monroe
Case #:	<u>16F18151</u>		Kokomo, Indiana 46901
County:	<u>Howard</u>		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			check all that apply)
Chemic	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s):			
 ☑ Flammable Solvents: Open No Structure ☑ Water Reactive Metal (Lithium): Open No Structure 			
Anhydrous Ammonia: Open No Structure			
☐ Hydrochloric Acid Gas Generator(s):			
Corrosive Acid:			
Corrosive Base:			
Other (item and location):			
Child under age 18 discovered (check one) Yes n/a (number present) No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:	
This report is to be faxed to the following agencies that serve the location:			
Health Dep	ment: <u>Kokomo F.D.</u> artment: <u>Howard Co.</u> ction Service: <u>N/A</u>	Fax: <u>765-4</u> Fax: <u>765-4</u> Fax:	56-2292
For further information regarding this methamphetamine laboratory, contact Investigating Officer; R.A. Burgess Phone 765-473-6666			

- This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department. listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.